

<b>CLAIMS ONLY</b>							Application Number <div style="font-size: 1.2em; font-family: cursive;">08983474</div>		Filing Date			
							Applicant(s)					
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>6-16-05</span> <span>12-22-05</span> <span>1-27-06</span> </div>							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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18	X		X		X							
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26		/		/		/						
27	/		X		X							
28	/		X		X							
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Total Indep	7		5		5							
Total Depend	21		19		19							
Total Claims	28		24		24							
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